## TRANSMITTAL FORMOCT 2 1 2005 (to be used on all correspondence after initial

ATTORNEY DOCKET NO.

## 70021.0022USU1

U.S. APPLICATION SERIAL NO.

CONFIRMATION NO.

FILING DATE

09/120,030 1743

July 21, 1998

INVENTOR(S) Beth P. GOLDSTEIN, et al.

Michael L. Borin

GROUP ART UNIT 1631

TITLE OF APPLICATION

METHOD FOR THE TREATMENT OF STAPHYLOCOCCAL DISEASE

IVI	LINODI OK IIIL	. 11/1//11/11/11	01 0	MITTEGGGG	TE DIOLITE		
ADDRESS TO:	Mailstop Appeal Brie Commissioner for Pa P.O. BOX 1450 ALEXANDRIA, VA 22	itents					
ENCLOSURES							
<ul> <li>☐ Transmittal Form (In Duplicate)</li> <li>☐ Change of Correspondence Address</li> <li>☐ Second Replacement Appeal Brief</li> <li>☐ Declaration Under 37 C.F.R. 1.132 (executed copy)</li> <li>☐ Return Postcard</li> </ul>							
Please charge Deposit Account No. 13-2725 in the amount of \$0.00 to cover any required fees. In the event any variance exists between this amount and the Patent Office charges for filing the above-noted documents, including any fees required under 35 CFR 1.136 for any necessary extension of time to make the filing of the attached documents timely, please charge or credit the difference to Deposit Account No. 13-2725. Further, if these papers are not considered timely filed, then a request is hereby made under 37 CFR 1.136 for the necessary extension of time. A duplicate copy of this sheet is enclosed.							
CORRESPONDENCE ADDRESS							
∑ The address associated with Customer Number: 23552     OR □ the correspondence address below.      Address							
City		State	Zip Code				
NAME St	even B. Kelber			REGISTRATION NO	. 30,073		
SIGNATURE	407		DATE	October 21, 2005	TELEPHONE	202 326-0300	
NAME Ch	ME Christopher W. Raimund			REGISTRATION NO. 47,258			